

**Comparison of:
Utah Family Child Care Licensing Rules,
The “5/Good” Level on the Family Day Care Rating Scale,
and National Accreditation (NAFCC) for Family Providers**

Utah Child Care Licensing Rules	Environment Rating Scale – 5 (PAA)	National Accreditation (NAFCC)
<p><i>This column lists the minimum requirements for maintaining a child care license in good standing. Providers must meet these requirements before moving on to the higher requirements for a Utah Provider Achievement Award (PAA) or National Accreditation.</i></p>	<p><i>These columns list standards for “best practices” that go above and beyond the Child Care Licensing Rules. These standards are for providers who voluntarily choose to go above and beyond the standards required by Child Care Licensing, in order to obtain either a Utah Provider Achievement Award (PAA) or National Accreditation.</i></p>	
AREA A. SPACE AND FURNISHINGS FOR CARE AND LEARNING		
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<p style="text-align: center;"><i>R430-90-15. Safety</i></p> <ol style="list-style-type: none"> 1. Toys and equipment used by children must comply with the guidelines of the Consumer Product Safety Commission. 2. High chairs must have safety straps or devices to prevent children from falling out. 3. Infant walkers with wheels cannot be used. <p style="text-align: center;"><i>R430-90-17. Housekeeping and Maintenance</i></p> <ol style="list-style-type: none"> 4. The provider’s home must be maintained to ensure that the equipment, fixtures, and furnishings are safe and in good repair. 	<p style="text-align: center;">1. FURNISHINGS FOR ROUTINE CARE AND LEARNING</p> <ol style="list-style-type: none"> 1. There are enough pieces of furniture to meet the basic needs of all children. 2. Some furnishings are used for play activities (Ex. kitchen table used for art, couch used for reading). 3. Furnishings are safe and in good repair. 4. There is a place for each child to store their own things. 5. Furniture used for child care routines and play activities is made suitable to children’s size (Ex. high chairs or adult chairs with cushions used while eating or doing art work). 6. Furnishings are well cared for (Ex. sheets changed weekly or more, tables washed after eating or art activity). 	<p style="text-align: center;"><i>2A. The Home</i></p> <ol style="list-style-type: none"> 1. Each child has a space for personal belongings. 2. The children are learning to take care of the equipment, materials, and the environment. <p style="text-align: center;"><i>2B. Equipment</i></p> <ol style="list-style-type: none"> 3. All equipment, outdoors and indoors, is safe for the ability of the children who use it. 4. Heavy furniture is stable or securely anchored. 5. The table and chairs used for meals and other table activities are comfortable for each child. 6. If high chairs are used, they have a wide base. High chairs attached to a table or another chair have a T-shaped restraint or harness that is fastened every time they are used. 7. There are no movable infant walkers. <p style="text-align: center;"><i>5A. Safety</i></p> <ol style="list-style-type: none"> 8. Equipment and materials, indoors and outdoors, are

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		<p>safe and in good repair. There are no sharp or rough edges on furniture, toys, or outdoor play equipment.</p> <p>9. The provider has an effective system to check for new safety hazards, indoors and outdoors.</p>
	<p>2. FURNISHINGS FOR RELAXATION AND COMFORT</p> <ol style="list-style-type: none"> 1. There is some carpeted area in the home for children’s use. 2. Children have daily access to 2 or more soft pieces of furniture in the area used for child care. 3. There are many soft stuffed toys for daily use. The provider provides body contact for infants and toddlers (Ex. holds and rocks children). 	<p><i>2A. The Home</i></p> <ol style="list-style-type: none"> 1. The environment includes a comfortable and cozy place for children.
	<p>3. CHILD-RELATED DISPLAY</p> <ol style="list-style-type: none"> 1. Some store-bought or adult-made pictures are displayed especially for children to look at (Ex. nursery rhymes, ABC’s, numbers, holidays). 2. Much children’s work is displayed: at least 2 items per child enrolled. 3. Some of the children’s work is down low on child’s eye level. 	<p><i>4D. Creative Development</i></p> <ol style="list-style-type: none"> 1. The provider values children’s artwork by displaying, photographing, or saving some of it.
<p><i>R430-90-12. Activities</i></p> <ol style="list-style-type: none"> 1. There must be at least 35 square feet of indoor play area per child for each child in care under age 14. This space cannot include bathrooms, closets, hallways, alcoves, or areas in the home which are not included in the child care area. <p><i>R430-90-17. Housekeeping and Maintenance</i></p> <ol style="list-style-type: none"> 2. The provider must maintain the home at air temperatures between 72 and 85 degrees Fahrenheit, as measured 30 inches above the floor. Infant care areas must maintain a temperature of at least 70 degrees Fahrenheit at 	<p>4. INDOOR SPACE ARRANGEMENT</p> <ol style="list-style-type: none"> 1. There is adequate space set aside for use by children: crawling space for infants, play space for toddlers and preschoolers. 2. The child care space is cleared of breakable objects and other “no-no’s” (may include older children’s toys) so children can play with few restrictions. 3. The area used for child care has good light, ventilation, and temperature. 4. The child care space is well arranged (Ex. not too crowded with furniture, traffic patterns do not 	<p><i>2A. The Home</i></p> <ol style="list-style-type: none"> 1. The areas of the home used by children are welcoming and friendly, appearing like a family home, a small preschool, or a combination of the two. 2. The environment is arranged so that the provider seldom has to say “no” to children. Children can use what they can reach most of the time. 3. The home has adequate ventilation and room temperature between 68-90 degrees (F). Lighting is bright in areas where children read, make art, or play with manipulatives. 4. The child care space is well organized.

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<p>floor level.</p>	<p>interfere with activities, materials with similar use are placed together).</p> <ol style="list-style-type: none"> 5. There are two or more play areas clearly defined (Ex. doll play, blocks, art, or book areas). 6. There is adequate storage and space to play in each activity area (Ex. box or shelves for storing blocks near rugs or open space on floor for block play). 7. The space is set up so that children of different ages can use it at the same time. 	<ol style="list-style-type: none"> 5. Indoors, there is enough space for children to move freely, approximately 35 square feet of usable space per child. 6. Space is available for babies to explore freely, to crawl, and to stand. Sturdy, low furniture is available for those who are learning to walk. 7. Older children have a place to use materials without interference from younger children. School-agers have a quiet place to do homework if needed. <p style="text-align: center;"><i>2C. Materials</i></p> <ol style="list-style-type: none"> 8. Materials are stored in consistent places and some of them are easy for children to find, help themselves to, and put away. Separate containers are provided for different kinds of materials. 9. If there is a toy chest, it has safety hinges and air holes, or there is no lid. <p style="text-align: center;"><i>4. Developmental Learning Goals</i></p> <ol style="list-style-type: none"> 10. The provider understands how children grow and learn. S/he uses this knowledge to design the environment and plan activities that are developmentally and culturally appropriate for each child.
<p style="text-align: center;"><i>R430-90-12. Activities</i></p> <ol style="list-style-type: none"> 1. Outdoor play areas must have at least 40 square feet per child for each child in care under age 14. The total outdoor play area must accommodate at least 40% of the licensed capacity at one time. 2. Outdoor play areas must have a shaded area to protect children from excessive sun and heat. 3. Drinking water must be continuously accessible to children in the outdoor play area. 	<p style="text-align: center;">5. ACTIVE PHYSICAL PLAY</p> <ol style="list-style-type: none"> 1. Safe outdoor physical play is provided for all ages of children for 1-3 hours daily year-round, except in bad weather. (Ex. safety assured by close supervision, area fenced if needed). See also Outdoor Safety under Item #13 below. 2. There is clean, safe indoor space provided for infants and toddlers to crawl and walk around much of the day. 3. There are some active physical play materials, and they are in good repair. 4. Physical activity is provided indoors for all ages in bad weather. 	<p style="text-align: center;"><i>2A. The Home</i></p> <ol style="list-style-type: none"> 1. Outdoors, the play area has open space for active movement, some play equipment and materials, and places for open-ended exploration. <p style="text-align: center;"><i>2B. Equipment</i></p> <ol style="list-style-type: none"> 2. All outdoor equipment is safe for the ability of the children who use it. 3. Climbing equipment, swings, and slides are stable or securely anchored. 4. Cushioning materials are placed under climbers, swings, and slides over 36 inches high, both indoors and outdoors. 5. If children ride 2-wheeled bicycles, skateboards, or in-

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	<p>5. The physical play materials stimulate a variety of large muscle skills (Ex. crawling, walking, balancing, climbing, swinging, playing ball).</p>	<p>line roller skates, they wear helmets. <i>2C. Suggested Materials for Large Motor Development</i></p> <p>6. For toddlers: equipment for climbing (at home or nearby), riding toys, balls. 7. For preschoolers: toddlers’ equipment, plus dancing music and props. 8. For school-agers: preschoolers’ equipment, plus other sports equipment and games. <i>3B. The Provider’s Activities</i></p> <p>9. The provider takes children outdoors every day, weather permitting (not below 20 degrees or above 95 degrees (F) and not stormy), unless the neighborhood is not safe. Active play is offered in another way if they do not go outside. <i>4B. Physical Development</i></p> <p>10. Children have daily opportunities for large-motor activities, such as crawling, walking, climbing, running, jumping, dancing, balancing, throwing, and catching.</p>
<p><i>R430-90-12. Activities</i></p> <p>1. If care is provided for infants, the provider must give physical and verbal stimulation every 30 minutes to each infant during waking hours, including the opportunity for physical activity. Physical activity may not confine an awake child to a single device, such as infant equipment which restricts active movements, for more than 30 minutes.</p>	<p>6. SPACE TO BE ALONE</p> <p>1. There is space to be alone, protected from others, for infants / toddlers (Ex. puts baby in playpen or crib while playing with popular toy for a short period of time). 2. The provider removes infants / toddlers from alone space within half an hour, or sooner if children seem unhappy or bored. 3. The provider interacts with infants / toddlers at least every 10 minutes. 4. The provider interacts frequently (more than once every 10 minutes) with infants / toddlers who are in space to be alone (Ex. smiles at or talks to infant in high chair playing with toys, brings new toys to two toddlers playing together</p>	<p><i>2A. The Home</i></p> <p>1. The environment includes a place for quiet time alone. <i>5A. Safety</i></p> <p>2. Children are not left in play pens, swings, jumpers, or other restraints for more than 20 minutes at a time, and no more than half of the time.</p>

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	<p>in protected area).</p> <p>5. Children age 2 and older are allowed to find space to be alone (Ex. in play equipment, behind furniture).</p> <p>6. Space is set aside and made safe for one or two children to play, protected from others, but able to be supervised by the provider (Ex. no-interruption rule, space out of sight of other children).</p>	
AREA B. BASIC CARE		
<p><i>R430-90-11. Parent Notification and Child Security</i></p> <p>1. The provider must establish a procedure for checking who has written authorization to pick up children. The provider may not allow anyone except parents/guardians, or persons with written authorization from the parent/guardian, to take children from the home. The only exception is for verbal authorization in an emergency situation.</p> <p>2. The provider must have a procedure for ensuring that children’s attendance is accounted for, including requiring sign-in and sign-out.</p>	<p style="text-align: center;">7. ARRIVING / LEAVING</p> <p>1. The provider gives each child an individual greeting and good-bye</p> <p>2. Parents are also greeted.</p> <p>3. The provider uses arriving / leaving time to share information with parents.</p>	<p style="text-align: center;"><i>3B. The Provider’s Activities</i></p> <p>1. The provider greets children and parents warmly every day.</p> <p>2. The provider helps children and parents, especially when newly enrolled, to cope with separation at drop-off and pick-up times.</p> <p style="text-align: center;"><i>5A. Safety</i></p> <p>3. Children are not permitted to leave the program with anyone other than their parent or specific individuals designated by a parent in writing or verbally. This applies to non-custodial parents.</p> <p style="text-align: center;"><i>6A. Professional Activities</i></p> <p>4. Children’s daily attendance records are kept and updated as needed.</p>
<p style="text-align: center;"><i>R430-90-19. Food Service</i></p> <p>1. Food brought in by parents/guardians to serve to other children must be from an approved source or commercially prepared.</p> <p>2. Food brought by parent/guardians for their own child must be labeled.</p> <p>3. Baby food must be refrigerated after opening, marked with the date and time of opening, and discarded if not consumed within 24 hours of</p>	<p style="text-align: center;">8. MEALS / SNACKS</p> <p>1. Well-balanced meals / snacks are served on a regular schedule.</p> <p>2. The cooking and eating area is clean and tables are sanitized before meals / snacks.</p> <p>3. Food preparation is sanitary (including handwashing before food preparation and / or eating).</p> <p>4. Infants are held while being bottle fed.</p>	<p style="text-align: center;"><i>4A. Social and Self Development</i></p> <p>1. Children help in some way with preparing food, setting the table, or cleaning up after meals.</p> <p style="text-align: center;"><i>5A. Safety and Health Checklist</i></p> <p>2. Dishes, utensils, cooking and serving items, and bottles are washed in a dishwasher, or washed in clean, hot, soapy water, rinsed, and air dried; or disposable dishes, cups and utensils are used.</p> <p style="text-align: center;"><i>5B. Health</i></p>

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<p>opening.</p> <ol style="list-style-type: none"> 4. Infant formula and breast milk must be discarded after feeding or within 2 hours of initiating a feeding. 5. All caregivers who prepare or serve food and snacks must have a current food handler's permit. 6. Children's food must be served on plates, napkins, or other sanitary holders, which include a high chair tray. Multiple-use sanitary holders shall be washed, rinsed, and sanitized with a sanitizer prior to each use. Food cannot be placed on a bare table or other eating surface. 7. Meals and snacks must be served at least once every three hours, or according to the menu. 8. Meal menus can be obtained from Licensing, or must be approved by Licensing, independently approved and signed by a registered dietician, or approved through the USDA Child Care Food Program. 9. A different menu must be planned for each day of the week, and menus may be cycled. 10. The current week's menu must be posted for review by parents/guardians, and all substitutions must be noted on the menu and retained for one week. If substitutions are made, the menu must meet the requirements of the USDA Child Care Food Program. 11. Children and infants shall be served special diets, formula, breast milk, or food supplements in accordance with written instructions from a parent/guardian. 12. If an infant is unable to sit upright and hold his or her own bottle, a caregiver must hold the infant during bottle feeding. 	<ol style="list-style-type: none"> 5. Toddlers are seated or their heads propped when holding own bottle. 6. Infants / toddlers are not put to bed with bottles. 7. Meal time is well organized (Ex. meal and table prepared ahead). 8. The feeding of different ages of children is handled to avoid waiting (Ex. babies are bottle-fed before older ones eat, activity provided for children who are fed later). If only one age group is enrolled, score for that one group. 9. The provider talks with children and provides pleasant social time during meals and snacks. 	<ol style="list-style-type: none"> 3. The provider serves nutritious and sufficient food following the Child and Adult Care Food Program guidelines, or parents bring food. 4. Food is stored, prepared, and served to children in a sanitary manner. 5. If parents bring food, perishable items are refrigerated until eaten. Baby formula is in factory-sealed containers, or powdered formula is used. 6. A written menu is posted daily or weekly and is modified if it is changed – or parents bring food. Children's food allergies are posted in the kitchen. 7. Meals and snacks are relaxed, with pleasant conversation. 8. Meals or snacks are available at least every three hours. Drinking water is available at all times. 9. Children are encouraged to taste new foods, but they do not have to eat anything they do not want. 10. Children always sit down to eat meals, but they are not forced to stay at the table for more than a few minutes after they finish eating. 11. Food is never used as a reward or withheld as a punishment. 12. The provider feeds babies when they are hungry. Babies younger than eight months are held when bottle fed. The provider is attentive and responsive to babies during feeding. 13. Children do not have bottles of milk or juice while they are in bed, and do not walk around with bottles. Solid food is cut into cubes no larger than 1/4 inch for babies and 1/2 inch for toddlers. 14. Children age three and over help to plan and prepare meals and snacks on occasion. 15. The kitchen sink is not used for hand washing after diapering or toileting, or it is cleaned and disinfected after each such use.

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<p><i>R430-90-5. Licensee Qualifications and Duties</i></p> <ol style="list-style-type: none"> The provider must provide frequent in person observation of children sleeping in cribs and playpens. <p style="text-align: center;"><i>R430-90-15. Safety</i></p> <ol style="list-style-type: none"> The provider must have separate sleeping equipment designed for infant use for each infant, such as a crib, bassinet, porta-crib, or play pen. Infants must be placed on their backs for sleeping. <p><i>R430-90-17. Housekeeping and Maintenance</i></p> <ol style="list-style-type: none"> If sleeping equipment or mats for sleeping are provided, they must be cleaned and sanitized weekly, and prior to use by another child. 	<p style="text-align: center;">9. NAP / REST</p> <ol style="list-style-type: none"> Nap / rest is scheduled daily. Each child has his or her own crib, cot, or bed with clean sheets, blankets, etc. (Clean sheets and blankets includes separate storage of sheets and blankets.) The same bedding is not used by different children unless it is washed first. The provider remains in house and is alert to handle problems during nap / rest time. Nap / rest is scheduled appropriately for each age group (Ex. babies, toddlers, and preschoolers have different schedules). The space used for nap / rest is good for resting (Ex. home is quiet, children placed at least 3 feet apart unless separated by a solid barrier). 	<p style="text-align: center;"><i>3B. The Provider's Activities</i></p> <ol style="list-style-type: none"> Rest time is relaxing and comfortable for children. Non-sleepers can have books and quiet toys to play with during rest time. Babies and toddlers can nap when they are sleepy. If needed, the provider helps them fall asleep through rocking, patting, or soft music. <p style="text-align: center;"><i>5A. Safety and Health Checklist</i></p> <ol style="list-style-type: none"> Babies under 1 year of age are placed on their backs for sleeping, or other written instructions signed by the parent are on file. If cribs or porta-cribs are used, they meet current safety standards: <ol style="list-style-type: none"> Slats are spaced not more than 2 3/8 inches apart. Mattresses are fitted so that no more than two fingers can fit between the mattress and crib side. Sides are locked in the raised position while babies are sleeping. The mattress is fixed in the lowest position if the child can sit up. Sleeping areas for babies do not have any surface that can conform to the face, including a soft pillow, soft mattress, comforter, or stuffed toy. Children are provided with individual sleeping spaces allowing their faces to be at least three feet apart from each other. <p style="text-align: center;"><i>5B. Health</i></p> <ol style="list-style-type: none"> Sheets are laundered at least once a week or when visibly soiled.
<p style="text-align: center;"><i>R430-90-14. Infection Control</i></p> <ol style="list-style-type: none"> If the provider accepts children in diapers, s/he must adhere to the following diapering procedures: <ol style="list-style-type: none"> Diapers must be changed on a clean, 	<p style="text-align: center;">10. DIAPERING / TOILETING</p> <ol style="list-style-type: none"> The diapering / toileting area meets basic sanitary conditions (Ex. diapering area thoroughly cleaned or protective pad changed after each use). 	<p style="text-align: center;"><i>3B. The Provider's Activities</i></p> <ol style="list-style-type: none"> If children wear diapers, the provider checks diapers at least every 1½ hours and changes them if soiled, except during nap. Parents and the provider agree on a toilet learning

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<p>smooth, washable, non-absorbent surface. The surface must be sanitized after each use.</p> <p>B. The diapering area may not be located in a food preparation area.</p> <p>C. Soiled diapers must be placed in a container that is lined and has a tight fitting lid, or else taken directly to an outside covered receptacle. The provider must clean and disinfect inside diaper containers daily.</p> <p>2. If a child's clothing becomes soiled with urine or fecal matter, the provider must change the clothing promptly and place the soiled clothing in a leakproof container to be sent home with the parent/guardian.</p> <p>3. Both providers and children must wash their hands after using the toilet.</p>	<ol style="list-style-type: none"> 2. The provider washes her hands with soap after each diapering, or when helping children with toileting. 3. Children's diapers are checked and changed often. 4. Children's hands are washed after using toilet, or after being diapered. 5. The provider handles toileting accidents calmly. 6. Diapering is done near source of hot water. 7. The same sink is not used for diapering / toileting and food service, unless the sink and faucet are sanitized between uses. 8. Soiled diapers must be disposed of in a covered container, preferably one with a step pedal. 9. If potty chairs are used, they must be cleaned and sanitized after each use. 10. Diapering / toileting equipment promotes self-help (Ex. steps near sink, child-sized toilet seat if needed). 11. The provider works with parents to toilet train toddlers. 12. There is a pleasant tone between the provider and the child during diapering / toileting. 	<p>approach, based on each child's developmental readiness, not on age. The process is free from punishment or power struggles.</p> <p style="text-align: center;"><i>5A. Safety and Health Checklist</i></p> <ol style="list-style-type: none"> 3. Infants and toddlers are never left alone on a changing table; instead, the provider always has one hand on the child. 4. Diapering and toileting areas are separated from food areas. 5. Any diapering surface is cleaned and disinfected after each diaper change, and diapers are disposed of in plastic bags. 6. Containers for soiled diapers are plastic-lined and covered with a step-operated lid, or located out of reach of children. 7. If a potty chair is used, it is washed and disinfected after each use. 8. A secure step is located in front of any sink where children wash their hands, or children can reach the faucets without a step. Children under age two may be held while washing hands. 9. The provider and children wash hands after toileting, diapering, or contact with bodily fluids, or when hands are dirty. Hand gel or wipes are permitted only when children are outdoors or on an outing.
<p style="text-align: center;"><i>R430-90-14. Infection Control</i></p> <ol style="list-style-type: none"> 1. If personal hygiene items for children such as combs or toothbrushes are kept at the home, they must be labeled and stored separately, and cannot be shared between children. 	<p style="text-align: center;">11. PERSONAL GROOMING</p> <ol style="list-style-type: none"> 1. There is an easy place for children to wash their hands (Ex. steps near sink). 2. Each child has his or her own towel / washcloth (paper or cloth). 3. Children wash before and after meals. 4. Extra clothes are available to change children. 5. Self-help is encouraged in personal grooming (Ex. easy-to-use aprons for art activities, mirror at child's eye level, towels within preschooler's 	<p style="text-align: center;"><i>5A. Safety and Health Checklist</i></p> <ol style="list-style-type: none"> 1. Soap, running water, and paper towels are provided, or each child has an assigned towel that is used consistently, does not touch other towels, and is laundered weekly or as needed. <p style="text-align: center;"><i>5B. Health</i></p> <ol style="list-style-type: none"> 2. Children do not share combs, brushes, toothbrushes, cloth bibs, bottles, towels, wash cloths, or bedding.

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	<p>reach).</p> <p>6. Bibs are available for infants / toddlers at mealtimes.</p> <p>7. Care is given to the children’s appearance (Ex. cleaned up after messy play, hair combed after nap).</p>	
<p><i>R430-90-5. Licensee Qualifications and Duties</i></p> <p>1. The provider must establish and implement policies and procedures to ensure the health of the children in the home.</p> <p><i>R430-90-6. Care Giver Qualifications</i></p> <p>2. Each caregiver must have an initial health evaluation and TB test upon employment.</p> <p><i>R430-90-10. Child Health and Medications</i></p> <p>3. The provider cannot care for a child without proof of current immunizations, or evidence of conditional enrollment or a medical or religious exemption.</p> <p>4. The provider must observe each child daily for signs of illness.</p> <p>5. The provider must notify the parent/guardian immediately when illness is observed or suspected.</p> <p>6. The provider must keep ill children separate from the other children.</p> <p>7. If a communicable illness or parasite is discovered, the provider must notify the parent/guardian of all enrolled children on the day of discovery. The notification must protect the confidentiality of caregivers and children.</p> <p><i>R430-90-11. Parent Notification and Child Security</i></p> <p>8. The provider must establish written policies and monitor caregivers, visitors, and residents to ensure that the use and accessibility of tobacco, alcohol, illegal substances, and sexually explicit</p>	<p style="text-align: center;">12. HEALTH</p> <p>1. The provider reports suspected child abuse.</p> <p>2. The provider cuts down the spread of germs (Ex. runny noses kept wiped with clean tissue for each child, parents told about illnesses of others in day care home).</p> <p>3. The same sink is not used for diapering / toileting and food service, unless the sink and faucet are sanitized between uses.</p> <p>4. Special health problems such as allergies, hearing loss, or hyperactivity are recorded, and this information is used in planning.</p> <p>5. The provider shows awareness of children’s health status (Ex. checks irritable child for fever).</p> <p>6. Parents are made aware of the rules for attendance during illness.</p>	<p style="text-align: center;"><i>5B. Health</i></p> <p>1. No one smokes or drinks alcohol in the presence of children. No one smokes in child care areas during child care hours.</p> <p>2. Children are learning to keep themselves safe and healthy.</p> <p>3. The provider has an illness policy defining mild symptoms with which children may remain in care, and more severe symptoms that require notification of parents or back-up contact to pick up the child.</p> <p>4. Upon enrollment, the provider compares each child’s immunization record to national standards and encourages parents to schedule any missing immunizations – or parents’ written objection is on record.</p> <p>5. The provider practices universal health precautions, which include:</p> <p>A. Disposable latex or non-porous vinyl gloves are worn when the provider has contact with blood, including blood in feces.</p> <p>B. The provider, assistant(s), and children wash their hands before preparing food, before eating, and after toileting, diapering, and contact with bodily fluids, or when hands are dirty.</p> <p>C. Articles contaminated with blood are carefully disposed of, or cleaned and disinfected, or wrapped in plastic and sent home with parents.</p> <p>6. The provider and children wash hands before preparing food, before eating, after toileting,</p>

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<p>materials are prohibited anywhere on the premises during the hours when children are in care.</p> <p><i>R430-90-14. Infection Control</i></p> <p>9. The provider must comply with the universal blood and bodily fluid precautions set forth by OSHA, and maintain a portable blood and bodily fluid clean-up kit. All caregivers must know the location of the kit, and how to use it.</p> <p>10. The provider must wear new disposable latex gloves or an approved equivalent when cleaning up blood or bodily fluids.</p> <p>11. The provider must insure protection from contamination and the spread of germs by implementing good handwashing procedures. They must teach children proper handwashing and oversee handwashing whenever possible. Both providers and children must wash their hands after using the toilet, before and after eating, and before and after food preparation.</p> <p>12. Single-use paper towels or individually labeled cloth towels must be used for drying hands. If cloth towels are used, they must be washed daily.</p> <p><i>R430-90-19. Food Service</i></p> <p>13. If the provider's local health department inspects the child care home, the inspection report must be kept at the home for review by Licensing.</p>		<p>diapering, or contact with bodily fluids, or when hands are dirty. Hand gel or wipes are permitted only when children are outdoors or on an outing.</p> <p><i>6B. Professional Activities</i></p> <p>7. The provider knows how to detect signs of child abuse and neglect, understands her/his responsibility to report suspicious cases to child protective services, and , if required, files a report.</p>
<p><i>R430-90-14. Infection Control</i></p> <p>1. The provider must clean and sanitize indoor activity equipment and toys weekly, or more often if necessary.</p> <p>2. Stuffed animals must be machine washable.</p> <p>3. If 4 or more infants are present for care, the provider must clean and sanitize the indoor toys</p>	<p>Sanitation</p> <p>1. Caregiving areas are clean.</p> <p>2. Toys are washed at least weekly, and air dried if possible.</p> <p>3. Floor areas are vacuumed or mopped with a disinfectant frequently.</p> <p>4. Feeding chairs are wiped with a cloth dampened</p>	<p><i>2A. The Home</i></p> <p>1. The home does not smell of urine, feces, garbage, pets, tobacco smoke, or air deodorizers.</p> <p><i>5A. Safety and Health Checklist</i></p> <p>2. Containers for wet garbage are plastic-lined and covered with a step-operated lid, or located out of reach of children.</p>

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<p>and equipment used by infants during the day. <i>R430-90-17. Housekeeping and Maintenance</i></p> <ol style="list-style-type: none"> 4. The provider must take effective and safe measures to prevent, control, and eliminate the presence of insects, rodents, and other vermin on the premises. 5. There must be adequate housekeeping services to maintain a clean, odor free, and sanitary environment. 	<p>with sanitizer daily.</p>	<p style="text-align: center;"><i>5B. Health</i></p> <ol style="list-style-type: none"> 3. All floors used by children are swept and / or vacuumed daily. Washable floors used by children are mopped with disinfectant at least twice a week. 4. Toys and surfaces are cleaned and disinfected as needed. Toys that are mouthed by a child are not used by other children until sanitized. 5. If there is water play, water containers are emptied and sanitized daily.
<p style="text-align: center;"><i>R430-90-8. Records</i></p> <ol style="list-style-type: none"> 1. Upon enrollment, the provider must obtain from the parent/guardian an admission agreement which includes the following: <ul style="list-style-type: none"> C the child’s full name and nickname. C the parent/guardian’s name, address, and phone number. C the name, address, and phone number of additional persons to be notified in case of emergency when the parent/guardian cannot be located. C the name, address, and phone number of the child’s primary source of emergency medical and dental care. 2. The provider must keep organized children’s records which include: <ul style="list-style-type: none"> C immunization record. C child health history and updates. C injury, accident, and incident reports. C medication administration records. 3. Providers must keep a record or log of each enrolled child’s attendance. <i>R430-90-10. Child Health and Medications</i> 4. Upon admission the parent/guardian must provide a child health history which includes the following: 	<p style="text-align: center;">Child Records</p> <ol style="list-style-type: none"> 1. The provider has emergency care and health information for each child, with written permission from the parent for medical care, information about the child’s doctor and dentist, and the parent’s work phone. 	<p style="text-align: center;"><i>6B. Professional Activities</i></p> <ol style="list-style-type: none"> 1. The provider has some way of keeping anecdotal records about insights into children’s interests, accomplishments, concerns, and some of the delightful things they say and do. These records are used for program planning and parent conversation. 2. The following records are kept and updated at least yearly or as needed: <ul style="list-style-type: none"> A. family information including any special needs, fears, food preferences, and important holidays and traditions. B. medical information for each child, including: <ul style="list-style-type: none"> C permission to treat in case of emergency, signed by the parent(s). C child’s allergies. C chronic illness and other known health problems. C immunizations (or written documentation of parents’ objection). C. if applicable, permission signed by parent(s) for field trips and / or transportation.

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<ul style="list-style-type: none"> C known food sensitivities and allergies. C chronic illness, disabilities, or medical conditions. C instructions for routine care. C instructions for emergency care. <p>5. The parent/guardian must review and update the child's health history with the provider once a year.</p>		
<p style="text-align: center;"><i>R430-90-6. Care Giver Qualifications</i></p> <ol style="list-style-type: none"> 1. Documentation of caregiver's first-aid and CPR training must be kept in the caregiver's personnel records. 2. The provider must keep a record of in-service training completed which includes the date, topic, and training source. <p style="text-align: center;"><i>R430-90-8. Records</i></p> <ol style="list-style-type: none"> 3. The provider must keep caregiver records which include: <ul style="list-style-type: none"> C background screening record. C initial health evaluation and TB test. C food handler's permit. C first aid and CPR course completion. C in-service training records. 	<p style="text-align: center;">Provider Records</p> <ol style="list-style-type: none"> 1. The provider has an initial health exam (as per state licensing rules). 	<p style="text-align: center;"><i>5B. Health</i></p> <ol style="list-style-type: none"> 1. The provider has a documented physical exam, signed by a physician, at least once every two years, and a negative TB test every year. <p style="text-align: center;"><i>6B. Professional Activities</i></p> <ol style="list-style-type: none"> 2. The following records are kept and updated at least yearly or as needed: <ul style="list-style-type: none"> A. a portfolio documenting training related to family child care and education diplomas. B. A favorable review of state and federal records concerning child abuse and criminal background status for all persons over age 18 living in the household or working with the children. (A waiver may be granted if the state will not comply.)
<p style="text-align: center;"><i>R430-90-10. Child Health and Medications</i></p> <ol style="list-style-type: none"> 1. If the provider chooses to administer prescribed or oral over-the-counter medications, then: <ul style="list-style-type: none"> A. The parent/guardian must complete a medication release form for each child receiving medication that contains: <ul style="list-style-type: none"> C the name of the medication. C the dosage. C the route of administration. C the times and dates to be administered. C the illness or condition being treated. 	<p style="text-align: center;">Medications</p> <ol style="list-style-type: none"> 1. Medication is given only from original container with written permission from parents. 2. Medicines are kept in a locked cabinet. 	<p style="text-align: center;"><i>5B. Health</i></p> <ol style="list-style-type: none"> 1. The provider administers medications and other remedies only with written directions from a parent or verbal directions from the child's health professional. The provider administers prescription medications from their original containers only and follows the written instructions on the label.

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<ul style="list-style-type: none"> C the parent/guardian’s signature. B. Medication must be administered only by a designated caregiver who does the following: <ul style="list-style-type: none"> C check the label and confirm the name of the child. C read the directions regarding measured doses, frequency, expiration date, and other administration guidelines. C. The designated caregiver who administers the medication must maintain a medication record that includes: <ul style="list-style-type: none"> C the time, date, and dosage of the medication given. C the signature or initials of the caregiver who administered the medication. C documentation of any errors in administration, or adverse reactions. D. The provider must report any adverse reaction to a medication, or error in administration, to the parent/guardian immediately upon recognizing the error or reaction. E. Oral over-the-counter and all prescription medications must be in the original or pharmacy container, have the original label, include the child’s name, have child-proof caps, and have written instructions for administration. F. Medications must be secured from access by children. G. Medications stored in the refrigerator must be in spill-proof packaging and must be kept in a covered, leakproof storage container. H. The provider must return all unused or out-of-date prescriptions and oral over-the- 		

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counter medications to the parent/guardian.		
<p style="text-align: center;"><i>R430-90-18. Animals</i></p> <ol style="list-style-type: none"> 1. If the provider has animals at the home: <ol style="list-style-type: none"> A. The animals must be clean and in good health. B. The animals must have current vaccinations for all disease transmissible to humans, and the provider must have a record of the vaccinations. C. The animals cannot have any history of dangerous or aggressive behavior. D. Children cannot assist with the cleaning of animals, animal cages / pens, or animal equipment. Animal cages and equipment cannot be cleaned in food preparation or storage areas. E. The provider must inform parents/guardians of the types of animals kept at the home. F. Children cannot handle reptiles, including turtles and lizards. 	<p style="text-align: center;">Animals</p> <ol style="list-style-type: none"> 1. There are no signs of animal contamination in the house or yard. 	<p style="text-align: center;"><i>5B. Health</i></p> <ol style="list-style-type: none"> 1. If there are pets, they are in good health, even-tempered, and friendly, or they are kept in areas not accessible to children. 2. Parents are informed of any pets before enrollment. 3. If there are cats or dogs, rabies and distemper immunization records are on file and signed by a veterinarian within the past year. Pets are free of parasites and fleas. 4. Litter boxes, pet food and dishes, and pet toys are kept out of reach of children.
<p><i>R430-90-5. Licensee Qualifications and Duties</i></p> <ol style="list-style-type: none"> 1. The provider must establish and implement policies and procedures to ensure the safety of the children in the home. <p style="text-align: center;"><i>R430-90-15. Safety</i></p> <ol style="list-style-type: none"> 2. Indoor play spaces, toys, and equipment must be maintained in a safe manner to prevent injury to children. 3. Infants and toddlers must not have access to toys smaller than 1 1/4 inches in total diameter or length. 4. Toys and equipment used by children must comply with the guidelines of the Consumer Product Safety Commission. 	<p style="text-align: center;">13. SAFETY</p> <ol style="list-style-type: none"> 1. There is a phone in the home, and transportation available for emergency use (Ex. own car, rescue squad). 2. The home has passed an official fire safety inspection. 3. Hot water is managed safely. 4. There are no obvious safety problems indoors, including: <ol style="list-style-type: none"> A. Medicines are in a locked cabinet. B. Cleaning supplies and any other dangerous substances are kept out of children’s reach. C. Toys and objects small enough to be swallowed are kept away from infants and 	<p style="text-align: center;"><i>2B. Equipment</i></p> <ol style="list-style-type: none"> 1. All indoor equipment is safe for the ability of the children who use it. 2. There are no latex balloons within reach of children age 3 and under. <p style="text-align: center;"><i>5A. Safety</i></p> <ol style="list-style-type: none"> 3. Flammable materials are not stored in areas used for child care. 4. Children do not have access to matches or lighters. 5. Equipment and materials, indoors and outdoors, are safe and in good repair. There are no sharp or rough edges on furniture, toys, or outdoor play equipment. 6. The provider has an effective system to check for new safety hazards, indoors and outdoors.

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<p>5. There cannot be any firearms or other weapons accessible to children. Firearms and other weapons must be stored separately from ammunition and must be in a locked cabinet or area during times when children are on the premises.</p> <p>6. Electrical outlets accessible to children ages 4 and under must be protected or capped with safety devices.</p> <p>7. Toxic or hazardous chemicals such as cleansers, insecticides, lawn products, and flammable materials must be stored away from children in a locked or protected area. All toxic or hazardous chemicals must be in the original container, or labeled in the container.</p> <p>8. Fireplaces, open-face heaters, and wood burning stoves must be inaccessible to children when in use. Portable space heaters cannot be used when children are on the premises.</p> <p>9. Sharp objects, medicines, plastic bags, poisonous plants, lighters, and matches must be stored out of reach and inaccessible to children.</p> <p>10. Hot water accessible to children cannot exceed the scalding standard of 120 degrees Fahrenheit.</p> <p>11. Strings and cords long enough to encircle a child's neck, such as those found on pull toys, window blinds, or drapery cords, must be inaccessible to children under 5 years of age.</p> <p>12. Any structure built prior to 1978 which has peeling, flaking, chalking, or failing paint on the interior or exterior must be tested for lead-based paint. If paint lead levels exceed 0.06% by weight, the structure must be remodeled by encapsulation or enclosure when possible, or by complete removal of lead-based paint by trained</p>	<p>toddlers.</p> <p>D. Electrical outlets have safety covers.</p> <p>E. There are no loose electrical cords.</p> <p>F. There are no heavy toys or other things children can pull down on themselves.</p> <p>G. Trash is not accessible to children.</p> <p>H. Pot handles on stoves are not accessible to children.</p> <p>I. Stove controls are not accessible to children.</p> <p>J. There are no toy boxes with heavy lids that could fall on a child.</p> <p>K. Crib or playpen slats are close enough together that children's heads cannot become entrapped.</p> <p>L. Crib mattresses fit snugly in the cribs.</p> <p>M. There are no mats or rugs that slide.</p> <p>N. There are no unprotected hot stoves or fireplaces in use while children are in care.</p> <p>O. There are no open stairways accessible to children.</p>	<p>7. Children age 5 and under do not wear necklaces, pacifiers on a cord around the neck, or clothing with drawstrings around the neck. There are no toys with cords, strings, or straps over 12 inches long.</p> <p>8. If there is a working fireplace, wood stove, or space heater, it is safely screened and inaccessible to children, or not used when children are present.</p> <p>9. Poisonous items are kept in a locked or out of reach location. This includes:</p> <ul style="list-style-type: none"> C medications. C poisons. C liquor. C tobacco. C pesticides. C cosmetics. C cleaning supplies. <p>10. If there are guns in the home, they are kept unloaded with firing pins removed, and stored in a locked place inaccessible to children. Ammunition is stored in a separate, locked place.</p> <p>11. The provider helps children understand dangerous situations and the reasons for safety rules. The provider involves children age 3 and older in discussions about their safety.</p> <p>12. Objects less than 1 1/4 inches but more than 1/4 inch in diameter are kept out of the reach of children age 2 and under.</p> <p>13. Home Safety and Health Checklist:</p> <ul style="list-style-type: none"> A. Children cannot lock themselves into rooms. Privacy locks on bathroom or bedroom doors are inaccessible to children, or locks can be opened quickly from the outside. B. Working smoke detectors are installed on each floor of the home, and near cooking and sleeping areas. C. Hot radiators and water pipes are covered or out

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<p>individuals. <i>R430-90-16. Fire, Emergency, and Disaster</i></p> <p>13. The provider must ensure there is a working telephone in the home (unless there is a utility failure), and must inform Licensing of the current phone number. <i>R430-90-17. Housekeeping and Maintenance</i></p> <p>14. Entrances, exits, steps, and outside walkways must be maintained in a safe condition, free of ice, snow, and other hazards.</p>		<p>of reach of children, or are not very hot to the touch.</p> <p>D. Hot items including beverages are kept out of children’s reach.</p> <p>E. There is no chipping or peeling paint, or exposed asbestos.</p> <p>F. There are no toxic plants within children’s reach.</p> <p>G. The provider teaches children not to pick plants without permission.</p> <p>H. All electrical cords within children’s reach are secured.</p> <p>I. No cords are placed under rugs or carpeting.</p> <p>J. Every electrical outlet within children’s reach is covered with a choke-proof, child-resistant device, or is in use.</p> <p>K. Stairs with more than three steps have railings usable by the children, if the steps have a total rise of 24 inches or more.</p> <p>L. Railings are on the right side when descending, if possible.</p> <p>M. Secure gates or barriers are present at the top and bottom of all stairs in play areas if children age two and under are present. There are no pressure gates or accordion gates.</p> <p>N. Cords of window coverings are secured or out of children’s reach.</p> <p>O. If windows that are more than 3 feet above ground are opened, they cannot be opened more than six inches, or they have safety guards, or they are opened from the top.</p> <p>P. Windows that are opened have screens in good repair, unless the region is free of flying insects.</p> <p>Q. Pot handles are turned to the back of the stove.</p> <p>R. Back burners are used when available.</p> <p>S. Stove and oven knobs are removed or covered when not in use, or there are safety knobs, or they</p>

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		<p>are out of children’s reach.</p> <p>T. Children are not permitted to play within three feet of the stove when it is in use. School-agers may cook on the stove if they are carefully supervised.</p> <p>U. If children age three or under enter the kitchen, lower cupboards are free of dangerous items or have child-proof latches.</p> <p style="text-align: center;"><i>5B. Health</i></p> <p>14. Children are learning to keep themselves safe and healthy.</p> <p style="text-align: center;"><i>6A. Ethics and Legality</i></p> <p>15. There is no evidence of illegal drug use, child abuse, or domestic violence in the provider’s household.</p> <p style="text-align: center;"><i>6B. Professional Activities</i></p> <p>16. The program is covered by insurance, including: accident insurance for children and assistants (if employed), liability insurance, and vehicle insurance (if children are transported).</p>
<p style="text-align: center;"><i>R430-90-12. Activities</i></p> <p>1. Outdoor play areas must be fenced or have a natural barrier that provides protection from unsafe areas. Fences must be at least 4 feet high. Gaps within the fence cannot be greater than 3½ inches, and the bottom of the fence cannot be more than 3½ inches above the ground.</p> <p style="text-align: center;"><i>R430-90-15. Safety</i></p> <p>2. Outdoor play spaces, toys, and equipment must be maintained in a safe manner to prevent injury to children.</p> <p>3. Outdoor play equipment must be located over soft material or grass.</p> <p>4. All water hazards, such as a swimming pool, stationary wading pool, ditches, and fish ponds must be fenced to prevent access by children.</p>	<p style="text-align: center;">Outdoor Safety</p> <p>1. There are no obvious safety problems outdoors (Ex. yard fenced, no unsafe walkways or stairs, no easy access to road).</p> <p>2. There are no tools, garden sprays, or poisonous plants accessible to children.</p> <p>3. Tools sheds and garages are locked.</p> <p>4. All play equipment meets the guidelines of the Consumer Product Safety Commission. This includes:</p> <p>A. Play equipment is appropriately sized for the children who will use it.</p> <p>B. The fall zone around climbers extends six feet from each edge of the climber.</p> <p>C. The fall zone for swings extends both in front of and behind the swings at least twice as far as the height of the bar the swings hang</p>	<p style="text-align: center;"><i>2B. Equipment</i></p> <p>1. All outdoor equipment is safe for the ability of the children who use it.</p> <p>2. Heavy furniture, climbing equipment, swings, and slides are stable or securely anchored.</p> <p>3. Cushioning materials are placed under climbers, swings, and slides over 36 inches high, both indoors and outdoors.</p> <p style="text-align: center;"><i>5A. Safety</i></p> <p>4. Equipment and materials, indoors and outdoors, are safe and in good repair. There are no sharp or rough edges on furniture, toys, or outdoor play equipment.</p> <p>5. The provider has an effective system to check for new safety hazards, indoors and outdoors.</p> <p>6. Water play for infants and toddlers is limited to sprinklers, containers less than 6 inches wide, or sinks – or, water is less than 1 inch deep.</p>

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<p><i>R430-90-17. Housekeeping and Maintenance</i></p> <p>5. Sand boxes and outdoor play areas must be kept free of animal excrement and harmful objects.</p>	<p>from. (This means that the total fall zone from front to back is four times the height of the bar the swings hang from.)</p> <p>D. The fall zone to the sides of a swing set extends six feet on each side.</p> <p>E. The fall zone for slides extends six feet from the sides and back of the slide.</p> <p>F. The fall zone in front of a slide extends four feet, plus the height of the slide.</p> <p>G. There are at least 9 inches of loose cushioning under climbing equipment, swings, and slides that are between one and 10 feet high.</p> <p>H. There are no hard objects within the fall zone of climbers, swings, or slides.</p> <p>I. Play equipment does not have any sharp points or edges that could cut skin, or any protruding parts that a child's clothing could catch on.</p> <p>J. Moving equipment does not have accessible parts that could crush or pinch a child's finger.</p> <p>K. "S" hooks on swings are closed or covered.</p> <p>L. To avoid strangulation, play equipment does not have any openings that are larger than 3½ inches but less than 9 inches.</p> <p>M. There are no tripping hazards that could result in a child falling on a hard surface.</p> <p>N. Elevated platforms must have a guardrail or protective barrier that meets the following height requirements: Preschoolers: 20"–30" platforms must have a 29" guardrail, with the space at the bottom no more than 23". Platforms over 30" must have a 29" barrier, with a space at the bottom no more than 3 ½ ".</p>	<p>7. Outdoor Safety and Health Checklist:</p> <p>A. Play space, including neighborhood playground if used, is free of animal feces, broken glass, or trash.</p> <p>B. A fence or natural barrier encloses the play space, unless traffic is not a hazard.</p> <p>C. Ponds, wells, or other hazards are fenced off.</p> <p>D. If there is a swimming pool, it has a gate or door which is locked when the pool is not in use.</p> <p>E. If there is a pool in ground, it is surrounded by a barrier at least four feet above grade that children cannot climb.</p> <p>F. If there is a pool above ground, the sides are at least four feet high and the ladder is locked or removed when not in use.</p> <p>G. If there is a pool, life-saving equipment is available in the pool area.</p> <p>H. Any hot tub or spa that is not fenced off has a locked cover strong enough for an adult to stand on.</p> <p>I. If there are swings, they are surrounded by a clearance area and fall zone of at least six feet.</p> <p>J. If there are swings, each swing hangs at least 30 inches from the support poles, and the swings do not have pinch points or "S" hooks.</p>

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	<p>School Age: 30"– 48" platforms must have a 38" guardrail, with the space at the bottom no more than 28". Platforms over 48" must have a 38" barrier, with a space at the bottom no more than 3½ ".</p>	
<p><i>R430-90-6. Care Giver Qualifications</i></p> <ol style="list-style-type: none"> There must always be at least one provider in the home during business hours who has current training in first aid, CPR, and the Heimlich Maneuver. Documentation of this training must be kept in the provider's file. <i>R430-90-16. Fire, Emergency, and Disaster</i> In the case of serious injury to a child which requires immediate hospital treatment, the provider must contact the parent/guardian after emergency personnel have been contacted. <i>R430-90-11. Parent Notification and Child Security</i> For any emergency which required emergency medical treatment or hospitalization, or which resulted in a fatality, the provider must notify Licensing by phone or fax within 24 hours of the incident, and must also submit a written report of the incident to Licensing within 5 business days. <i>R430-90-16. Fire, Emergency, and Disaster</i> The provider must maintain a first aid kit on the premises. The provider must have a written emergency and disaster plan in case of fire, flood, earthquake, blizzard, power failure, or other disasters that could create structural damage to the home or pose a health hazard. The plan must include the procedure to evacuate and transport children to another location, and the procedures to turn off gas, electricity, and water. The provider must have an emergency plan in 	<p style="text-align: center;">Emergencies</p> <ol style="list-style-type: none"> First aid supplies are well stocked and ready to use. There is an alternate caregiver, familiar with caregiving activities, specific children in home, and emergency plans, available for emergencies. Emergency numbers are posted near the phone. Emergency exit plans are posted and practiced at least monthly with the children. The provider has current first aid training (as per state licensing rules). 	<p style="text-align: center;"><i>5A. Safety</i></p> <ol style="list-style-type: none"> The provider holds a current certification in pediatric first aid, including rescue breathing and first aid for choking. The provider has a first aid kit readily accessible but out of reach of children. The kit includes: <ol style="list-style-type: none"> first aid instructions. disposable latex or non-porous vinyl gloves. soap and water or hydrogen peroxide. syrup of ipecac (within expiration date and used only upon the direction of a medical expert). tweezers. bandage tape. sterile gauze. scissors. a thermometer, baby-safe if babies are enrolled (may be kept separately from first aid kit). Emergency numbers are posted near the telephone. They include: <ol style="list-style-type: none"> parents' daytime numbers. 911, or the local emergency numbers for ambulance, police, and fire department. poison control. a nurse, doctor, or other medical consultant. an emergency backup caregiver. two back-up contacts for each child. The provider helps children, as they are able, to learn their full names, addresses, phone numbers, and how to dial 911 or the local emergency number. If the provider does not speak English, s/he is able to

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<p>the case of a missing child, or death or serious injury to a child, which includes the name of a substitute caregiver in the event the owner must leave the residence for any reason.</p> <p>7. The provider must hold simulated fire drills quarterly, and a disaster drill annually. The provider must document the date of drills, participants, and any problems encountered.</p> <p>8. Each home must have fire extinguishers and smoke detectors in good operating condition on each floor occupied by children. There must be two exits leading to an open space at ground level to permit the orderly evacuation of children. If the basement is used to provide child care, there must be at least one exit at ground level leading to an open space.</p> <p>9. The names and telephone numbers of emergency medical personnel, the fire department, police, and poison control must be posted by the telephone.</p>		<p>communicate basic emergency information in English, and is able to understand English instructions printed on children’s medication.</p> <p>6. The provider conducts monthly evacuation drills and keeps a log of the dates and times when drills were practiced.</p> <p>7. A working ABC-type fire extinguisher is located near the kitchen and on each floor used by children, and instructions for use are posted. The recommended dates on fire extinguishers are not expired.</p> <p>8. Each floor used by children has at least two exits that lead to the ground level.</p> <p>9. Exits are usable by toddlers and older children, and access is unobstructed.</p> <p>10. A cold pack or equivalent is kept in the freezer or refrigerator.</p> <p style="text-align: center;"><i>6B. Professional Activities</i></p> <p>11. If a child receives an injury beyond a minor scrape or bruise, the provider contacts the parent as soon as possible. The parent is given a written accident report within 24 hours that includes a description of the accident, action taken, outcome, and how the child responded.</p>
<p style="text-align: center;"><i>R430-90-12. Activities</i></p> <p>1. If off-site activities are provided, parent/guardian permission is required for children to participate. The provider must take emergency phone numbers for each child with them on any off-site activity.</p> <p style="text-align: center;"><i>R430-90-13. Transportation</i></p> <p>2. The provider must have and maintain documentation of current vehicle registration, safety inspection, and insurance for any vehicle used to transport children.</p> <p>3. Vehicles used to transport children must be</p>	<p style="text-align: center;">Transporting Children</p> <p>1. The provider uses car safety restraints for all children (Ex. infant / toddler seats, separate seat belt for each older child and adult).</p>	<p style="text-align: center;"><i>5A. Safety</i></p> <p>1. If children are transported, take walks, or go on field trips, the provider has a comprehensive plan which addresses all safety issues and assures that children do not become separated from the group.</p> <p>2. On outings:</p> <p style="margin-left: 20px;">A. The provider brings:</p> <p style="margin-left: 40px;">i. a first-aid kit.</p> <p style="margin-left: 40px;">ii. emergency telephone numbers.</p> <p style="margin-left: 40px;">iii. emergency treatment permission forms.</p> <p style="margin-left: 40px;">iv. coins for a pay phone, or calling card number, or cellular phone.</p>

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<p>maintained in a clean and safe manner.</p> <ol style="list-style-type: none"> 4. Vehicles used to transport children must have a first aid kit and body fluid clean-up kit. 5. Vehicles used to transport children must be equipped with individual, size-appropriate safety restraints such as car seats or seat belts for each child. Restraints must be appropriate to the vehicle type and installed and used according to the manufacturer's instructions. 6. Vehicles used to transport children must be enclosed, and locked during transport. 7. Smoking in vehicles is prohibited any time children are in the vehicle. 8. Any drivers of vehicles transporting children must be an adult with a current state driver's license for the type of vehicle being driven. 9. The driver must ensure that no child is ever left unattended in a vehicle. 10. The driver must remove the keys whenever they are not in the driver's seat. 		<ol style="list-style-type: none"> v. note paper and a pen. vi. diapers and wipes, if needed. B. Children carry the provider's name and phone number, and their own name, in case they become lost. 3. If children are transported in the provider's vehicle: <ol style="list-style-type: none"> A. they each have a car seat or seat belt approved for their height and age, that has been installed correctly according to the instructions of both the vehicle and the car seat manufacturers. B. Babies, toddlers, and preschool children do not sit in the front seat of a vehicle. C. Children are never left unattended in a vehicle. 6B. <i>Professional Activities</i> 4. The program is covered by insurance, including: accident insurance for children and assistants (if employed), liability insurance, and vehicle insurance (if children are transported). 5. Permission signed by parent(s) for field trips and / or transportation (if applicable) is kept and updated at least yearly or as needed:
AREA C. LANGUAGE AND REASONING		
	<p style="text-align: center;">14. INFORMAL USE OF LANGUAGE</p> <ol style="list-style-type: none"> 1. There is much social talking between the provider and all children. 2. The provider responds to sounds infants and toddlers make, and takes part in verbal play (Ex. sings to child, imitates child's sounds). 3. The provider maintains eye contact while talking to children. 4. Language is used to share information with children. 5. Children's talking is encouraged (Ex. provider listens, asks questions to get children to talk 	<p style="text-align: center;"><i>3A. The Provider's Activities</i></p> <ol style="list-style-type: none"> 1. The provider talks to babies and toddlers about what is happening during routines. <p style="text-align: center;"><i>4B. Cognition and Language</i></p> <ol style="list-style-type: none"> 2. The provider encourages children to express their thoughts and feelings, and listens with interest and respect. 3. The provider takes time each day for meaningful conversation with each child. The provider takes an interest in and responds positively to babies' vocalizations and imitates their sounds. 4. The provider encourages children to listen to and

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	<p>more).</p> <p>6. The provider adds to the ideas presented by children.</p> <p>7. The provider helps children enjoy language (Ex. sings with children, rhymes words).</p>	<p>respond to each other.</p> <p>5. The provider adjusts communication to match the understanding of each child.</p> <p>6. When the child’s home language is different from the provider’s, the provider shows respect for both languages by learning and using key words or songs in the child’s home language.</p>
	<p>15. HELPING CHILDREN UNDERSTAND LANGUAGE</p> <p>1. There are at least 12 books accessible to children that are suitable for infants and toddlers (Ex. cloth or hard page books; books with clear, colorful pictures).</p> <p>2. There are at least 20 children’s books and several picture games and records accessible to children age 2 and older for daily independent use.</p> <p>3. The provider names many objects, talks about pictures, says nursery rhymes, and sings songs with infants and toddlers.</p> <p>4. There are language materials accessible to children for all age groups.</p> <p>5. There is at least one planned language activity daily for children ages 2 and older. (Ex. reading, story telling, singing songs, talking about picture books, saying nursery rhymes, singing along to music tapes, etc.)</p>	<p><i>2C. Suggested Language and Literacy Materials</i></p> <p>1. Books for children under age 2: A. are made of durable materials. B. have simple pictures of people and familiar objects. C. have short stories about everyday activities.</p> <p>2. Books for children over age 2: A. include a variety of stories about pretend and real situations. B. include information books.</p> <p>3. Books for school-agers: A. include a variety of reading levels and topics. B. include adventure stories, mysteries, information books, and magazines.</p> <p>4. Other language materials include: telephones, puppets, interactive games, and written or audio materials in the child’s home (supplied by the provider or family).</p> <p>5. Books are in good condition.</p> <p><i>4C. Cognition and Language</i></p> <p>6. The provider reads to children at least daily.</p> <p>7. Some books are accessible to children every day, and the provider encourages children to look at or read books on their own. The provider teaches children to take care of books.</p> <p>8. The provider builds on children’s emerging interest in print and writing. The provider encourages them to scribble; to write their names, notes, and stories; to</p>

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		label their drawings; make books; or keep journals in the context of ongoing activities.
	<p>16. HELPING CHILDREN USE LANGUAGE</p> <ol style="list-style-type: none"> 1. The provider uses 2 adult-initiated activities a day to encourage children to talk (Ex. finger plays, show and tell, singing, repeating nursery rhymes, babbling back to baby). 2. There are many materials for helping children practice talking, and they are accessible for independent use daily. 	
	<p>17. HELPING CHILDREN REASON (USING CONCEPTS)</p> <ol style="list-style-type: none"> 1. A variety of age-appropriate games and materials that help children learn to reason are accessible to children and in good repair. 2. Daily experiences are used to help children learn concepts of size, shape, color, number, and relationship. 3. While children are using materials, the provider helps them think by talking about shape, size, etc. (Ex. asks questions to help preschoolers reason – “How many?” “What’s different?”). 4. There is at least one nature / science / cooking activity each week (Ex. talking about leaves in fall, having children help make a snack). 	<p><i>2C. Suggested Math and Science Materials</i></p> <ol style="list-style-type: none"> 1. Suggested math materials include assorted materials for: matching, sorting, arranging things in sequence, counting things, measuring, recognizing and creating patterns, and comparing differences and similarities. 2. Suggested science materials include: a magnet, a magnifying glass, an outdoor thermometer, a balance scale, sand or a similar substance, blocks, toy cars, ramps, and water. <p><i>3B. The Provider’s Activities</i></p> <ol style="list-style-type: none"> 3. The provider finds opportunities to help children learn specific skills and concepts when they show interest in learning them. <p><i>4B. Physical Development</i></p> <ol style="list-style-type: none"> 4. Children, especially babies and toddlers, have rich experiences using their senses – visual, auditory, taste, smell, and touch. <p><i>4C. Cognition and Language</i></p> <ol style="list-style-type: none"> 5. The provider helps children gain information and understanding through exploration, books, and other people. 6. The provider encourages children to develop and represent their understanding through a variety of experiences.

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		<p>7. The provider introduces time concepts through consistent routines, and helps children age 2 and over recall past experiences and plan future events.</p> <p>8. Children learn math and science concepts in the context of everyday activities, such as setting the table, sorting the mail, cooking, and playing games. As they are able, they match, sort, arrange things in sequence, count things, measure, and recognize and create patterns.</p> <p>9. Children have opportunities to explore the natural and physical environment, such as watching insects, planting seeds, playing with water and sand, and playing with balls and ramps.</p> <p>10. The provider encourages children to observe and make predictions about things in the environment, through activities and language. The provider asks children age 3 and older “what if” questions.</p>
AREA D. LEARNING ACTIVITIES		
	<p style="text-align: center;">18. EYE-HAND COORDINATION</p> <ol style="list-style-type: none"> 1. There are a variety of age-appropriate eye-hand coordination materials, in good repair, accessible to children for at least one hour daily for independent use daily. 2. There are at least 8 eye-hand coordination materials available for each age group in care (Ex. infants: rattles, objects of different sizes to pick up; toddlers: peg-boards, small building toys; preschoolers: crayons, scissors, puzzles). 3. Space is provided for children to play with eye-hand materials. 	<p style="text-align: center;"><i>2C. Materials</i></p> <ol style="list-style-type: none"> 1. There are enough toys and materials, home-made or purchased, to engage all of the children in developmentally appropriate ways. <i>2C. Suggested Materials for Fine Motor Development</i> 2. For babies: balls, grasping toys, stacking and nesting toys, toys to look at, feel, and chew on. 3. For toddlers: large interlocking blocks and puzzles, water and sand for sensory play. 4. For preschoolers: toddlers’ equipment, plus peg boards, blocks, sewing materials, water and sand for sensory play. 5. For school-agers: preschoolers’ equipment, plus other games. <p style="text-align: center;"><i>4B. Physical Development</i></p>

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		<p>6. Children have daily opportunities for fine motor activities, such as grasping, scribbling, cutting with scissors, buttoning, tying shoes, using art materials, or playing with manipulatives.</p>
	<p style="text-align: center;">19. ART</p> <ol style="list-style-type: none"> 1. Crayons and paper, or other drawing materials are accessible at least one hour daily for free expression (Ex. toddlers offered materials, preschoolers get own materials). 2. Art materials needing supervision are offered at least 3 times a week (Ex. cutting and pasting, painting, modeling dough). 3. Creativity is encouraged, and very few projects have children copy an example. 4. Art materials are safe and non-toxic. 	<p style="text-align: center;"><i>2C. Materials</i></p> <ol style="list-style-type: none"> 1. There are enough toys and materials, home-made or purchased, to engage all of the children in developmentally appropriate ways. <p style="text-align: center;"><i>2C. Suggested Art Materials</i></p> <ol style="list-style-type: none"> 2. Art materials are non-toxic. 3. Art materials for children age 2 and under include: crayons or markers, paint brushes, large pieces of paper, non-toxic paint, and play dough. 4. Art materials for children over age 2 include: tools for drawing or painting, scissors (child-safe but sharp enough to cut, including left-handed scissors if any children are left-handed), papers of various sizes and colors, glue or paste, play dough and / or clay, and miscellaneous materials such as scraps of construction paper, fabric, yarn, or wood. <p style="text-align: center;"><i>4D. Creative Development</i></p> <ol style="list-style-type: none"> 5. The provider sets out inviting materials for art activities. Children age 3 and older have access to basic art materials during free play times. 6. Most art activities are open-ended and child-directed. 7. The provider comments on specific aspects of children's art, focusing on children's exploration of the materials and descriptions of their work. The provider does not show preference for work that looks realistic or pretty. 8. The provider helps parents appreciate some of their children's creations.
	<p style="text-align: center;">20. MUSIC AND MOVEMENT</p> <ol style="list-style-type: none"> 1. Musical experiences regularly available to 	<p style="text-align: center;"><i>2C. Materials</i></p> <ol style="list-style-type: none"> 1. There are enough toys and materials, home-made or

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	<p>children at least 3 times a week. (Ex. radio on for dancing, provider sings with children, record / tape player with at least 5 selections available).</p> <ol style="list-style-type: none"> 2. The provider sings with children informally daily. 3. Musical experiences are provided for all age groups (Ex. music boxes and musical toys for infants / toddlers, record player and records for preschoolers). 	<p>purchased, to engage all of the children in developmentally appropriate ways.</p> <p style="text-align: center;"><i>4D. Creative Development</i></p> <ol style="list-style-type: none"> 2. The provider uses music in a variety of ways such as singing, finger plays, clapping games, playing instruments, and playing recorded music. 3. Children have opportunities to make their own music with their voices or instruments (purchased or home-made). 4. The provider encourages children to dance and to use movement to recreate meaningful experiences, tell stories, or act out concepts.
		<p style="text-align: center;"><i>4D. Creative Development</i></p> <ol style="list-style-type: none"> 1. The provider offers daily opportunities for children to use their imagination and creativity through a variety of activities.
	<p style="text-align: center;">21. SAND AND WATER PLAY</p> <ol style="list-style-type: none"> 1. Sand or water play is provided for children, either indoors or outdoors, at least once a week year-round. 2. There are a variety of toys for sand and / or water play (Ex. cups, funnels, trucks, pots, pans, spoons). 	<p style="text-align: center;"><i>2C. Materials</i></p> <ol style="list-style-type: none"> 1. There are enough toys and materials, home-made or purchased, to engage all of the children in developmentally appropriate ways. 2. Also see Suggested Science and Fine Motor Materials. <p style="text-align: center;"><i>5A. Safety</i></p> <ol style="list-style-type: none"> 3. Water play for infants and toddlers is limited to sprinklers, containers less than 6 inches wide, or sinks – or, water is less than 1 inch deep.
	<p style="text-align: center;">22. DRAMATIC PLAY</p> <ol style="list-style-type: none"> 1. There are a variety of dramatic play materials, with accessories, available to children daily for at least one hour. 2. Dramatic play materials and props are accessible to children for both indoor and outdoor use. 3. There are props for more than just 	<p style="text-align: center;"><i>2C. Materials</i></p> <ol style="list-style-type: none"> 1. There are enough toys and materials, home-made or purchased, to engage all of the children in developmentally appropriate ways. <p style="text-align: center;"><i>2C. Suggested Dramatic Play Materials and Real Tools</i></p> <ol style="list-style-type: none"> 2. Suggested dramatic play materials include: materials for children to create their own costumes and props,

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	housekeeping, including transportation, work roles, or adventure.	<p>dress-up clothing, props for particular themes, blocks, stuffed animals and dolls, and miniature animals and people.</p> <p>3. Suggested real tools include: a hammer and nails, a shovel, a rolling pin, cookie cutters, plastic knives, a broom and dustpan, and measuring cups and spoons.</p> <p><i>4D. Creative Development</i></p> <p>4. The provider facilitates children’s pretend play.</p>
	<p>23. BLOCKS</p> <p>1. A variety of blocks and accessories are gathered together and are accessible to children for at least one hour daily.</p> <p>2. The space used for block play is out of traffic.</p>	<p><i>2C. Materials</i></p> <p>1. There are enough toys and materials, home-made or purchased, to engage all of the children in developmentally appropriate ways.</p> <p>2. Also see Suggested Dramatic Play Materials.</p>
	<p>24. USE OF T.V.</p> <p>1. The T.V. is used no more than 2 hours daily.</p> <p>2. The provider limits use of T.V. to programs and video games to those regarded as good for children (Ex. “Mr. Rogers’ Neighborhood,” “Electric Company,” “Sesame Street,” educational video games, but not most cartoons).</p> <p>3. Alternative activities are provided while the T.V. is on.</p>	<p><i>3B. The Provider’s Activities</i></p> <p>1. If television, videos, or computer games are used, the provider insures that the content is appropriate for the ages of the children. Violent, sexually explicit, or stereotyped content is avoided (including cartoons).</p> <p>2. If children watch television or videos, the provider limits their viewing time to no more than one hour per day and one full-length movie per week. Alternative activities are always available during these times.</p> <p>3. If a computer is used by the children, the provider limits each child’s computer time to no more than one hour per day.</p> <p>4. If available, computer software promotes children’s active involvement, group participation, learning, creativity, or fun.</p> <p>5. If the Internet is used by children, the provider actively monitors their use.</p>
<p><i>R430-90-12. Activities</i></p> <p>1. The provider must develop a daily activity plan designed for the age and development of the children accepted for care, and ensure that</p>	<p>25. SCHEDULE OF DAILY ACTIVITIES</p> <p>1. The daily schedule permits the provider to successfully handle basic routines for each age group.</p>	<p><i>2C. Materials</i></p> <p>1. No toy guns or other weapons are offered as play materials. Violent, sexually explicit, or stereotyped materials are avoided.</p>

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<p>there are sufficient supplies on hand.</p>	<ol style="list-style-type: none"> 2. A variety of play activities are provided daily both morning and afternoon, and children are allowed to choose which activities they will engage in. 3. At least 2 special activities are scheduled daily, one indoors and one outdoors, weather permitting (Ex. story, art, music, water play, walks). 4. The schedule provides a balance of indoor and outdoor activities. 5. The schedule provides a balance of active and quiet play. 	<ol style="list-style-type: none"> 2. Materials are rotated, put away for awhile, and then brought out again, to maintain children’s interest. <i>3A. Child-Directed Activities</i> 3. Children have opportunities throughout the day to make choices and explore their own interests. School-agers have some free play time after school. 4. Children direct their own free play for at least one-half hour at a time, totaling at least 2 hours during an 8 hour day. Free play may be indoors or outdoors. Several possible activities must be offered. 5. Children are engaged in activities most of the time. Their faces often reflect concentration. <i>3B. The Provider’s Activities</i> 6. The provider supports and extends children’s self-directed play as well as offering activities and materials that build on their interests and skills. 7. Except for necessary routines, the provider tries not to force children into activities they do not enjoy. Most of the time, for example, toddlers can move in and out of an activity, stand and watch, or choose not to participate at all. 8. The provider usually maintains a consistent sequence of daily events, while the flow of activities is adapted to the individual and developmental needs of each child and the changing group. 9. Activities and transitions are generally smooth and unhurried; children can usually finish activities at their own pace. They seem to know what is expected of them. 10. School-agers have space and time to relax after the school day. <i>4. Developmental Learning Goals</i> 11. The provider gathers information about children’s needs and interests through observation and conversation with parents, and uses this information to set goals for supporting their development.

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		<p>12. The provider understands how children grow and learn. S/he uses this knowledge to design the environment and plan activities that are developmentally and culturally appropriate for each child.</p> <p>13. Most of the children’s activities promote many kinds of development simultaneously – the curriculum is integrated and holistic rather than focused on one area of development at a time. For example, the provider facilitates preschoolers’ and school-agers’ involvement in special interests or hobbies, working on projects that may evolve over days or weeks.</p>
<p><i>R430-90-5. Licensee Qualifications and Duties</i></p> <ol style="list-style-type: none"> 1. The provider must be physically present on-site, and provide care and supervision to children at all times, both indoors and outdoors. This includes awareness of and responsibility for the ongoing activity of each child, and being near enough to intervene if needed. 2. The provider may permit a child to participate in supervised out of the home activities without the provider if: <ul style="list-style-type: none"> C the provider has prior written permission from the child’s parent for the child’s participation. C the provider has clearly assigned the responsibility for the child’s whereabouts and supervision throughout the period of care. <p><i>R430-90-9. Care Giver to Child Ratios</i></p> <ol style="list-style-type: none"> 3. The following minimum caregiver:child ratios must be maintained: <ul style="list-style-type: none"> <i>Licensed Family Providers</i> C 1 caregiver to 8 children, if no more than 2 children are under age 2. C 1 caregiver to 6, children, if three 	<p>26. SUPERVISION OF CHILDREN INDOORS AND OUTDOORS</p> <ol style="list-style-type: none"> 1. Supervision is provided near children. <ul style="list-style-type: none"> A. Only limited, momentary lapses in supervision (2 - 4 minutes) are allowed. B. When children are out of the provider’s sight, they must be within hearing range and involved in safe activities. 2. Attention is given to safety, cleanliness, proper use of materials. 3. The provider’s work or interests do not take away from caregiving (Ex. work done while children are asleep, or children have fun helping to set the table or hang up the wash). 4. The provider interacts frequently with children, discusses ideas, and helps with materials. 5. The provider helps children solve conflicts when necessary. 6. Supervision is suited to children’s individual needs (Ex. close supervision of toddlers, more independence for 3- and 4-year-olds). 	<p><i>3B. The Provider’s Activities</i></p> <ol style="list-style-type: none"> 1. The provider gives children the help they need to succeed in a range of activities and to feel comfortable taking risks. 2. The provider extends children’s learning by describing what they are doing and asking them open-ended questions. 3. The provider helps children engage in activities by breaking complex tasks into simple ones – or increasing the difficulty of activities by combining familiar materials in new ways and new contexts. 4. The provider takes advantage of and builds upon the many natural learning experiences and “teachable moments” associated with daily life in a home. 5. The provider sometimes joins in children’s play, expanding upon their ideas but not dominating; the provider plays interactive games, especially with babies and toddlers. 6. The provider is physically active enough to keep up with the children. The provider or an assistant is able to lift babies and toddlers. 7. The provider encourages children to clean up after themselves as they are able, and models a positive

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<p>children are under age 2.</p> <p>C These ratios include the provider’s own children under the age of 4.</p> <p><i>Licensed Family Group Providers</i></p> <p>C 1 caregiver to 12 children, with a maximum group size of 16, if all of the children are school-aged.</p> <p>C 2 caregivers for 9-16 children of mixed ages, with no more than 4 under age 2, and a maximum group size of 20.</p> <p>4. There must be at least 2 caregivers present at all times when 9 or more children are present, counting the provider’s own children, grandchildren, nieces, nephews, wards, step-children, under age 12, or when more than 2 infants are present.</p> <p>5. The provider’s own children, grandchildren, nieces, nephews, wards, and step-children are included in the maximum group size if they are under the age of twelve.</p> <p><i>R430-90-12. Activities</i></p> <p>6. If swimming activities are offered, the provider must accompany the children pool side. Lifeguards and pool personnel cannot be counted in the caregiver:child ratios.</p>		<p>attitude about clean-up time.</p> <p><i>4C. Cognition and Language</i></p> <p>8. The provider encourages children to think for themselves, to solve problems on their own and with others, and to have confidence in their ability to find solutions.</p> <p><i>5A. Safety</i></p> <p>9. The provider can see or hear children age 5 and under at all times, and does not leave them outside by themselves. Children age 2 and under must be in the provider’s line of sight at all times. Other arrangements may be made with parents for children age 6 and over.</p> <p>10. The provider is particularly careful in supervising children in potentially hazardous activities, including swimming, water play, woodworking, cooking, and field trips.</p>
AREA E. SOCIAL DEVELOPMENT		
	<p style="text-align: center;">27. TONE</p> <p>1. The provider uses physical contact to show affection to all children (Ex. gentle holding, hugging, a pat on the head).</p> <p>2. The provider does not show favoritism among children. All children receive equal attention.</p> <p>3. The provider and children seem relaxed, voices are cheerful, and there is a lot of smiling.</p>	<p style="text-align: center;"><i>1A. The Provider with Children</i></p> <p>1. The provider cares about and respects each child, and is committed to helping each child develop his or her full potential.</p> <p>2. The provider shows affection to each child in some way. The provider holds babies frequently.</p> <p>3. The provider is sincere and comfortable with children.</p> <p>4. The provider seems to like children and enjoy being</p>

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		<p>with them.</p> <ol style="list-style-type: none"> 5. The provider observes children’s behavior, verbal and body language, and abilities. The provider uses this information to respond to each child. For example, the provider responds to a baby’s crying as promptly and effectively as possible. 6. The provider shows positive attitudes toward bottle weaning, diapering, toilet learning, discipline, and special needs of children. 7. The provider recognizes signs of stress in children’s behavior and responds with appropriate stress-reducing activities.
<p style="text-align: center;"><i>R430-90-7. Child Discipline</i></p> <ol style="list-style-type: none"> 1. The provider must inform all caregivers, parents or guardians, and children of expected conduct by setting clear and understandable rules. 2. The provider must implement disciplinary measures that encourage the child’s self-control, and that reduce the risk of injury and any adverse health effects to self or others. Positive discipline measures include but are not limited to: <ul style="list-style-type: none"> C rewards for positive behavior. C other forms of positive guidance. C redirection. C time out. 3. Discipline measures may not include: <ul style="list-style-type: none"> C corporal punishment, including hitting, shaking, biting, pinching, or spanking. C restraint of a child’s movement by binding or tying. C use of abusive, demeaning, or profane language. C force or withdrawing of food, rest, or bathroom opportunities. 	<p style="text-align: center;">28. DISCIPLINE</p> <ol style="list-style-type: none"> 1. The provider never uses physical punishment. 2. The provider maintains enough control to keep children from hurting themselves and others. This includes physical hurting, as well as social / emotional harm (such as teasing, name-calling, etc.). 3. The provider uses alternatives to physical punishment effectively (Ex. time out, removing child from activity). 4. The provider gives praise and attention for good behavior. 5. The age and ability of children are considered when rules are made and enforced. 6. The reasons for the rules are explained to children. 7. The provider follows through with both rewards and punishment [consequences]. 	<p style="text-align: center;"><i>3B. The Provider’s Activities</i></p> <ol style="list-style-type: none"> 1. Positive guidance, appropriate for the developmental abilities of each child, is used to help children gain self-control and take responsibility for their own behavior. 2. The provider clearly explains to children in positive terms what is expected of them. 3. The provider minimizes toddlers’ frustrations through redirection. 4. The provider frequently lets children experience the consequences of their own misbehavior, if this is safe, rather than punishing them. 5. The provider avoids power struggles with children. Children age 3 and over have opportunities to assert their power by taking responsibility as leaders and helpers. 6. If “time-outs” are used, they are used only as a last resort with children age 3 and older. They are used as a cooling-off time rather than as a punishment. They last no more than one minute in length for each year of the child’s age, or the child determines when s/he is ready to return to the group. 7. No form of physical punishment or humiliation is ever

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<p>C confining a child in a locked closet, room, or similar area.</p>		<p>used. The provider does not criticize, shame, tease hurtfully, threaten, or yell at children, and is not physically rough with children.</p> <p>8. Food is never used as a reward or withheld as a punishment.</p>
		<p><i>4A. Social and Self-Development</i></p> <ol style="list-style-type: none"> 1. The provider supports children in developing friendships with each other. The provider helps each child find positive ways to interact with others. 2. The provider helps children understand their own feelings and those of others. 3. The provider supports children in offering help and support to each other. 4. Children seem to enjoy each other's company. Animated conversation and laughter are heard much of the time. 5. The provider helps children to gain awareness of other people's feelings and to understand how their own actions affect others. 6. The provider helps children resolve their conflicts with each other by talking through their feelings and finding their own solutions. 7. The provider helps children learn to respect each other's possessions and work. 8. Some activities involve all of the children working together for a common purpose. The provider encourages children to work on projects and play games together. 9. Children are learning about sharing, taking turns, and working together. 10. The provider helps children get to know people in the neighborhood and community. 11. The provider supports children in their growing self-awareness and self-acceptance. 12. The provider acknowledges specific aspects of each

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		<p>child's accomplishments and efforts.</p> <p>13. The provider accepts children's emotional needs, including their see-sawing demands for both dependence and independence.</p> <p>14. The provider does not criticize or teach children when they make mistakes.</p> <p>15. The provider helps children take responsibility for themselves and their belongings, building self-help skills when they are ready.</p>
	<p>29. CULTURAL AWARENESS</p> <ol style="list-style-type: none"> 1. There are many examples of racial variety in dolls, pictures, and books. 2. Boys and girls not limited to traditional roles in their choice of play activities. 3. The holidays and cultural customs of all of the children in group are included. 4. Boys and girls are encouraged to choose activities without being limited to traditional roles (Ex. girls are encouraged to do carpentry). 5. People of all ages are represented in pictures and books. 	<p><i>2C. Materials</i></p> <ol style="list-style-type: none"> 1. Materials reflect the lives of the children enrolled and people diverse in race and ethnicity. 2. Materials show boys and girls, women and men, and older people in diverse and positive ways. <p><i>4A. Social and Self Development</i></p> <ol style="list-style-type: none"> 3. The provider helps children understand and respect people different from themselves. The provider responds factually to children's curiosity about similarities and differences among people. 4. The provider insures that children and their families are not stereotyped or left out of any activity because of their race, gender, ethnicity, disability, or any other personal characteristic. Girls and boys have equal opportunities to take part in all activities and use all materials. 5. The provider helps children notice incidents of bias and learn effective ways to stand up for each other and themselves in the face of teasing, bullying, or other forms of discrimination. 6. The provider introduces cultural activities based on authentic experiences of individuals rather than a "tourist curriculum" of exotic holidays or stereotyped decorations.
<p>AREA F. ADULT NEEDS</p>		

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<p><i>R430-90-11. Parent Notification and Child Security</i></p> <ol style="list-style-type: none"> The provider's home must be accessible and open to parents during the hours of operation. 	<p>30. RELATIONSHIP WITH PARENTS</p> <ol style="list-style-type: none"> Child care policies and rules are told to parents, and written policies are given to parents before the child starts child care. Parents are welcomed as visitors before enrollment, as well as while child is attending. The provider tells parents about the activities of their children at least once a week. The provider works cooperatively with parents (Ex. plans toilet training jointly, discusses methods of discipline). 	<p><i>1B. The Provider with Parents and Families</i></p> <ol style="list-style-type: none"> The provider seeks information about each family's cultural traditions and uses this information in responding to the children and planning activities. The provider encourages parents to visit, unannounced, any time their children are present. Parents can count on child care as described in their contract. The provider respects diverse family styles and recognizes the strengths of each family. The provider individualizes the child care program, within reason, to respond to a parent's specific requests, preferences, and values. The provider accepts the decision of mothers as well as fathers to work outside the home. The provider keeps parents informed, in conversation or in writing, about what their children do. This happens daily for babies and at least weekly for older children. The provider is available to parents by telephone when children are present, or regularly listens to an answering machine. In addition to ongoing conversations, the provider has a conference with each child's parent(s) at least once per year. Together they review the child's progress and needs, and set goals for the child. If parents do not speak the language of the provider, the provider finds an effective way to communicate with them. The provider discusses conflicts with parents when they arise, and tries to reach a mutually satisfying solution. The provider tries to involve every parent in the program's activities in a variety of ways, responding to their interests and time availability – but the provider does not require their participation.

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		<p style="text-align: center;"><i>1C. Other Relationships</i></p> <p>13. The provider and / or parents plan occasional activities where the child care families can get together.</p> <p style="text-align: center;"><i>6A. Ethics and Legality</i></p> <p>14. The provider is intentional and reflective in her / his work, thinking about what occurs with the children and their families, considering any puzzling events or concerns.</p> <p>15. The provider maintains confidentiality and respects the privacy of children and families (except for reporting child abuse or neglect).</p> <p style="text-align: center;"><i>6B. Professional Activities</i></p> <p>16. The provider shares information with parents about common child-rearing issues such as temper tantrums or signs of infectious disease.</p> <p>17. The provider has information about community resources that offer services to parents and children. The provider helps families access community and medical services as needed.</p> <p>18. The provider informs parents about tax credits, child care subsidies, and employer child care benefits if available.</p> <p>19. The provider follows an enrollment process that facilitates an exchange of information between the provider and parent, working to assure a good match. Discussion includes a description of the program and policies as well as parents' values and wishes around such topics as eating, sleeping, toileting, and discipline.</p> <p>20. Prospective parents are given the names and telephone numbers of three currently or recently enrolled parents, with their permission. If unavailable, character references are given.</p> <p>21. The provider or sponsoring agency has a signed child care contract with each family which includes:</p>

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		<ul style="list-style-type: none"> A. hours. B. fees. C. payment schedule. D. provider's and child's vacation. E. provider's and child's sick leave and absences. F. responsibility for alternate care. G. termination policy. <p>22. The provider gives parents receipts upon payment of fees – or fees are fully subsidized – and gives parents her / his social security number or employer identification number with the first receipt and upon request.</p> <p>23. If a child receives an injury beyond a minor scrape or bruise, the provider contacts the parent as soon as possible. The parent is given a written accident report within 24 hours that includes a description of the accident, action taken, outcome, and how the child responded.</p> <p>24. The provider gives written policies to parents. The written policies include:</p> <ul style="list-style-type: none"> A. substitute care arrangement. B. persons authorized to pick up the child. C. illness. D. administering medication. E. emergencies. F. guidance and discipline. G. parent conferences and visits. H. if relevant, religious teaching and activities. I. if relevant, transportation and / or field trips.
<p><i>R430-90-5. Licensee Qualifications and Duties</i></p> <p>1. The provider may make arrangements for a substitute who is at least 18 years old and who is capable of providing care and supervision of children and handling emergencies in the absence of the caregiver.</p>	<p>31. BALANCING PERSONAL AND CAREGIVING RESPONSIBILITIES</p> <p>1. The provider plans so that family responsibilities and the child care program seldom interfere with one another (Ex. space is specified for child care children and family members, special time</p>	<p><i>1C. Other Relationships</i></p> <p>1. The arrangement of space and use of materials is balanced to meet the needs of both the child care program and the provider's family.</p> <p>2. If the provider's own child is part of the program, the provider tries to make this a good experience for all.</p>

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	<p>for own child given after child care hours).</p> <ol style="list-style-type: none"> 2. The provider’s primary focus during operating hours is on child care responsibilities. 3. A substitute caregiver is available as backup help. 	<ol style="list-style-type: none"> 3. The provider’s family members are courteous and respectful when they interact with the child care children and families. 4. The provider has the social support of friends, family, other providers, and / or community organizations. <ol style="list-style-type: none"> 6A. <i>Ethics and Legality</i> 5. The provider’s attention is focused on children. Telephone calls, errands, or personal demands do not take priority over children’s needs. The provider does not operate another business during child care hours. <ol style="list-style-type: none"> 6C. <i>Assistants and Substitutes</i> 6. Parents have met any regular assistant or substitute, except in emergencies. 7. Except in emergencies, parents are notified in advance when a substitute provider will be responsible for their children. 8. Except in emergencies, any person left alone with children: <ol style="list-style-type: none"> A. is at least 18 years of age. B. holds a current certificate in pediatric first aid, including rescue breathing and first aid for choking. C. has a negative TB test. D. has spent time with the children before being left in charge. E. understands the program routines, children’s special health and nutrition needs including allergies, and emergency procedures. 9. Children are not left with a substitute for more than 20% of the time. 10. At least one person is available for emergency back-up care and is able to arrive within 10 minutes notice.
<p><i>R430-90-5. Licensee Qualifications and Duties</i></p> <ol style="list-style-type: none"> 1. Providers must be at least 18 years old and 	<p>32. OPPORTUNITIES FOR PROFESSIONAL GROWTH</p>	<p><i>6A. Ethics and Legality</i></p> <ol style="list-style-type: none"> 1. The provider is licensed, registered, or certified

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<p>have a high school diploma or G.E.D.</p> <p>2. The provider must know and follow the child care licensing rules and all applicable laws. <i>R430-90-6. Care Giver Qualifications</i></p> <p>3. New caregivers and volunteers must complete (and keep a record of) orientation training before beginning their duties. Topics must include health, safety, emergencies, accidents, child discipline, reporting abuse and neglect, procedures for releasing children, and specific job duties.</p> <p>4. Each provider must complete (and keep a record of) 20 hours per year of in-service training. The training must be pertinent to the ages of the children in care, and must include the following topics: C handwashing / sanitation. C nutrition. C storing and administering medications. C handling illness & communicable diseases. C safety and accident prevention. C positive guidance. C child development. C age appropriate activities. C preventing Shaken Baby Syndrome (under age 2). C coping with crying babies (under age 2). C preventing Sudden Infant Death Syndrome (under age 2).</p> <p>5. At least 10 of the required hours of annual in-service training must be in-person training.</p>	<p>1. The provider regularly takes part in professional development activities (Ex. attends 2 workshops, takes one course, or has 2 on-site training visits each year).</p> <p>2. The provider regularly reads child care books or magazines on child rearing.</p> <p>3. The provider must have at least one level of Utah Career Ladder Certification in order to be eligible for a Provider Achievement Award.</p>	<p>(unless unavailable in the state). There is no evidence that any regulatory standard is violated. <i>6B. Professional Activities</i></p> <p>2. The provider holds a high school diploma or GED, seeks continuing training and education, and is open to new ideas about family child care. At least 65 hours of FCC-related training within the last three years is documented.</p> <p>3. The provider keeps up-to-date with topics related to program quality and, when needed, consults with experts to gain specific information, such as how to work with children and families with special needs.</p> <p>4. The provider is actively involved with other providers or a related professional group, if available.</p> <p>5. The provider takes precautions to avoid extreme stress.</p>
		<p><i>6C. Assistants and Substitutes</i></p> <p>1. The assistant understands and supports the goals for each child as well as the rules and routines of the program.</p>

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		<ol style="list-style-type: none"> 2. Parents have met any regular assistant or substitute, except in emergencies. 3. The provider and the assistant share observations of children and families and plan some activities together. 4. Any assistant holds a current certificate in pediatric first aid, including rescue breathing and first aid for choking. Any assistant also has documentation of a physical exam within the last 2 years, and a negative TB test within the last year. 5. The provider offers the assistant helpful, consistent, and constructive feedback, and encourages the assistant's professional growth. 6. The assistant, unless a family member, has a written job description defining responsibilities. 7. The assistant, unless a family member, is paid at least minimum wage. If the assistant works more than 15 hours a week, the provider pays the employer's share of social security and worker's compensation. 8. Assistants who work more than 5 hours a day with the children have a break of at least ½ hour.
AREA G. PROVISIONS FOR EXCEPTIONAL CHILDREN		
	<p style="text-align: center;">33. ADAPTATIONS FOR BASIC CARE (PHYSICALLY HANDICAPPED)</p> <ol style="list-style-type: none"> 1. Special adaptive equipment for basic care routines is clean and in good repair. 2. The provider consistently and competently follows special basic care routines (Ex. catheterization, turning bed-ridden child). 3. The provider does not allow child's need for adaptive equipment and special procedures to isolate him from the group during routines (Ex. child eats at table with or very near other 	<p style="text-align: center;"><i>2A. The Home</i></p> <ol style="list-style-type: none"> 1. The provider makes reasonable adaptations to the environment and activities to meet the special needs of each child. If the child has been diagnosed with a specific condition, the provider follows the Individual Family Service Plan (IFSP) or Individual Education Plan (IEP). 2. Equipment is modified to accommodate children's special needs, or special equipment is provided. <p style="text-align: center;"><i>5B. Health</i></p> <ol style="list-style-type: none"> 3. If a child has been diagnosed as having a special

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	<p>children).</p> <p>4. The provider is gentle and respectful in the performance of the special basic care and health routines (Ex. respects child’s need for privacy, handles special equipment with care).</p>	<p>need, the provider understands the condition, follows all prescribed treatments, and works with parents and other specialists as needed.</p>
	<p>34. ADAPTATIONS FOR ACTIVITIES (PHYSICALLY HANDICAPPED)</p> <p>1. Barriers may be present but caregiver helps child gain access to activities when needed (Ex. moves non-walker to area where other children are playing).</p> <p>2. Adequate space for adaptive equipment.</p> <p>3. Needed adaptive equipment (clean, safe, and in good repair) available for self-help, learning, and play activities, both indoors and out.</p> <p>4. Environment permits child free use of space and materials (Ex. toys put within child’s reach, barriers to movement indoors managed effectively).</p>	<p><i>2A. The Home</i></p> <p>1. The provider makes reasonable adaptations to the environment and activities to meet the special needs of each child. If the child has been diagnosed with a specific condition, the provider follows the Individual Family Service Plan (IFSP) or Individual Education Plan (IEP).</p> <p>2. Equipment is modified to accommodate children’s special needs, or special equipment is provided.</p>
	<p>35. ADAPTATIONS FOR SPECIAL NEEDS</p> <p>1. Many adjustments in space, furnishings, and / or schedule made to prevent the problems that could be caused by the special emotional, behavioral, or mental needs of children (Ex. removes breakable objects, watches child carefully, simplifies cluttered area).</p> <p>2. Many adjustments of space, furnishings, and / or schedule made to meet the needs of child (Ex. quiet work and play areas with appropriate toys for child who is easily distracted, time provided for one-to-one work on special needs skill development).</p>	<p><i>2A. The Home</i></p> <p>1. The provider makes reasonable adaptations to the environment and activities to meet the special needs of each child. If the child has been diagnosed with a specific condition, the provider follows the Individual Family Service Plan (IFSP) or Individual Education Plan (IEP).</p> <p>2. Equipment is modified to accommodate children’s special needs, or special equipment is provided.</p>
	<p>36. COMMUNICATION (EXCEPTIONAL)</p> <p>1. The provider communicates equally with special</p>	

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	<p>needs child and other children.</p> <ol style="list-style-type: none"> 2. Communication options exist, where needed, and are routinely used throughout the day (Ex. communication board, hearing aid). 3. The provider communicates frequently with the special needs child. 4. The provider actively encourages child to communicate with caregiver. 5. The provider encourages children to communicate with each other. 6. The provider appropriately adjusts speech to child's level of understanding. 	
	<p>37. LANGUAGE / REASONING (EXCEPTIONAL)</p> <ol style="list-style-type: none"> 1. The provider adapts regular materials for use by exceptional child. 2. Language and reasoning goals for special-needs child are specified and worked on. 3. When needed, The provider provides specialized language / reasoning materials for exceptional child. 	
	<p>38. LEARNING AND PLAY ACTIVITIES (EXCEPTIONAL)</p> <ol style="list-style-type: none"> 1. Developmentally appropriate activities provided for exceptional child. 2. Activities adapted to help special-needs child participate (Ex. reduces size of group for aggressive child, uses table for activity usually done on floor). 3. The provider participates in activities with the exceptional child to provide model. 4. The provider provides additional directions and makes limits explicit as required to motivate and make special needs child successful. 5. The provider praises and reinforces child for 	<p style="text-align: center;"><i>2A. The Home</i></p> <ol style="list-style-type: none"> 1. The provider makes reasonable adaptations to the environment and activities to meet the special needs of each child. If the child has been diagnosed with a specific condition, the provider follows the Individual Family Service Plan (IFSP) or Individual Education Plan (IEP).

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	play and learning using newly developed skills.	
	<p>39. SOCIAL DEVELOPMENT (EXCEPTIONAL)</p> <ol style="list-style-type: none"> 1. Schedule provides ample opportunities for social interaction involving all children, handicapped and non-handicapped. 2. The provider shows acceptance of handicapped child (Ex. hugs child to show affection, makes eye contact when child speaks). 3. The provider praises and reinforces child for learning social skills related to special needs. 4. The provider encourages and reinforces social interaction involving all children, including handicapped and non-handicapped children, throughout the day. 5. The provider models appropriate social behavior and encourages children to imitate. 6. Handicapped children are accepted as part of the group by other children. 	
	<p>40. CAREGIVER PREPARATION</p> <ol style="list-style-type: none"> 1. The provider requests basic information from assessments by specialists. 2. The provider and parents share information about child's special needs (Ex. parents give caregiver information from professional assessments). 3. The provider uses information from assessments and advice of specialists to plan an appropriate program for child throughout the day. 4. The provider works closely with parents to incorporate their goals and interests in daily activities. 	